## 2003 FOR PROFIT CORPORATION

## TILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91382 020 ₹ **UNIFORM BUSINESS REPORT (UBR)** P01000032850 DOCUMENT # 1. Entity Name TRANS AMERICA COACH, INC. Principal Place of Business Mailing Address 1350 JEFFERSON STREET 1350 JEFFERSON STREET HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business 3. Mailing Address Same as Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1089883 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name MOHAMED, MOHAMED E Street Address (P.O. Box Number is Not Acceptable) 1380 JEFFERSON ST. HOLLYWOOD FL 33019 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete Delete TITLE ☐ Change MOHAMED, MOHAMED E NAME NAME 1350 JEFFERSON STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an a

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition